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| --- | --- | --- |
| Kildare County Childcare Committee CLG  Unit 21, Thompson Enterprise Centre, Clane Business Park,  Clane, Co. Kildare |  | C:\Users\alison.kelly\Dropbox\General Office\LOGOS\2019UpdatedKCCCLogo (2).jpg |

**The completed application form should be submitted by email to info@kccc.ie. Closing date 5pm Friday July, 21st 2023. Applications submitted after this date will not be considered.**

Please complete each section of this application form as fully and as carefully as possible using typescript. Additional information may be submitted as part of the application as an attachment to the form.

## THIS APPLICATION WILL BE TREATED IN STRICT CONFIDENCE

Position Applied for

|  |
| --- |
| **Development Officer *(Specific Purpose Contract)* REFERENCE NUMBER KCCC** |

## PERSONAL DETAILS

**Surname First Names**

|  |  |
| --- | --- |
|  |  |

Permanent Address

|  |
| --- |
|  |
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**Address for Correspondence (if different from above)**

|  |
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|  |

**Home Telephone No**. **Mobile Telephone No**.

|  |  |
| --- | --- |
|  |  |
| **Email Address** | |
|  | |

**Are there any legal restrictions on your right to work in Ireland?**

**Academic History**

# Post Primary Education

|  |  |  |  |
| --- | --- | --- | --- |
| **School/College** | **Dates** | | **Final Examination**  **Subjects and Results** |
| **From** | **To** |
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# Academic Qualifications

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| --- | --- | --- | --- | --- |
| **Degree/Diploma/**  **Certificate** | **Conferring Body** | **Year Conferred** | **Grade and Class** | **Major Subjects** |
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**Additional Training**

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| --- | --- | --- | --- |
| **Training Title** | **Level Attained** | **Date Completed** | **Expiration Date** |
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##### IT SKILLS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Working Knowledge (Yes/No) | Highest Qualification Attained | Qualification Issued by |
| Word processing |  |  |  |  |
| Spreadsheets |  |  |  |  |
| Databases |  |  |  |  |
| PowerPoint or otherpresentation packages |  |  |  |  |
| Other (please specify) |  |  |  |  |

##### EMPLOYMENT RECORD

##### EMPLOYMENT RECORD

## Current Position

**Date of**

**Employer Commencement Position**

|  |  |  |
| --- | --- | --- |
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#### Description of Present Duties and Responsibilities

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| --- |
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| **Reason(s) for Considering Leaving** |

## EMPLOYMENT RECORD (contd.) relevant to the advertised position

### Previous Positions/Employments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | Employer | Position Held | **Duties** |
| **From** | **To** |
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| --- |
| 1. **Please outline your interest in the position of Development Officer and what you would hope to bring to the position?** |

|  |
| --- |
| 1. **What experience & skills do you have that best match the requirements for the position as outlined in the Job description? Please make particular reference to your skill base.** |

|  |
| --- |
| **3. What experience do you have of working within a team environment and what are the essential components that enable a team to achieve its goals?** |

|  |
| --- |
| **4. What experience do you have of providing a mentoring and or service support?** |

|  |
| --- |
| **5. What experience do you have in supporting individuals/groups in leadership and management?** |

|  |
| --- |
| **6. What experience/ knowledge do you have in relation to the funding programmes and schemes and grants for ELC, SAC and Childminding sectors**? |

|  |
| --- |
| **7. What level of IT and reporting writing skills do you bring?** |

###### ADDITIONAL INFORMATION

|  |
| --- |
| Please outline any skills, experience, knowledge or personal qualities, which are relevant to your suitability for this position. |
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##### REFEREES

**Please list 2 persons from whom we may request references on your behalf; Applicants must include their present employer or most recent employer (if not currently employed). Kildare County Childcare Committee will assume permission to contact referees unless the Applicant has stated otherwise.**

#### Name/Position Held Name/Position Held Name/Position Held

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| --- | --- | --- |
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#### Address Address Address

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| --- | --- | --- |
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Telephone No. Telephone No. Telephone No.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **E mail** | **E mail** | **E mail** |
|  |  |  |

##### PERIOD OF NOTICE

**How soon after an offer of appointment would you be in a position to take up employment?**

|  |
| --- |
|  |

##### DECLARATION

*I hereby declare that the information given in this form is correct and give my permission for enquiries to be made to establish such matters as qualifications, experience and character and for the release by other people or organisations of such information as may be necessary for that purpose. This may include enquiries from past/present employers. The submission of this application is taken as consent to this.*

**SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed applications should be returned by email to** [**info@kccc.ie**](mailto:info@kccc.ie)

**Closing date for applications:5pm 21st July 2023**